OMB# 2050-0024; Expires <u>12/31/2014</u>

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Office. RANCH REGIONAL OFFICE RANCH	(OMB# 2050-0024; Expires <u>12/31/2014</u>			-A	VIROUMENTA	(00
Submittal MARK ALL MARK	MAT.	COMPLETED FORM TO: The Appropriate State or Regional	United States RCRA SUBTIT	Environn	nental Protection A	gency 12 P 2: 37	ON CARROLL STATE OF THE PROTECTION OF THE PROTEC
2. Site EPA ID Number RPA ID Number Name: CVS Pharmacy #1907 4. Site Location Information Street Address: 270 Montauk Highway City, Town, or Village: Sayville State: NY Country: USA Site Contect Person Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Site Contact Person Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Site Contact Person Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Site Contact Person Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Site Contact Person Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Site Contact Person Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Site Contact Person Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Site Contact Person Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Site Contact Person Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Site Contact Person Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Site Contact Person Street or P.O. Box: One CVS Drive Owner: One CVS Drive Street or P.O. Box: One CVS Drive Date Became 8/2/1993 Owner: Owner: Owner: Owner: Folksan Realty Associates Owner: Owner: Owner: Owner: Folksan Realty Associates Owner: Owner: Orner Sites State \textof Other Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Sound Stat	Cercifie	Submittal MARK ALL BOX(ES) THAT	□ To provide an Initial Notification for this location) □ To provide a Subsequent Notific □ As a component of a First RCR. □ As a component of a Revised R □ As a component of the Hazardo □ Site was a TSD facility and. >100 kg of acute hazardous	cation (to upo A Hazardous RCRA Hazard ous Waste Re	date site identification infor Waste Part A Permit App lous Waste Part A Permit A eport (If marked, see sub-b	mation for this location) lication Application (Amendment # bullet below) s waste >1 kg of acute baza)
4. Site Location Information Street Address: 270 Montauk Highway City, Town, or Village: Sayville State: NY Country: USA Site Land Type 6. NAICS Code(s) for the Site (at least 5-digit codes) A. 4 4 4 6 1 1 1 0 C. B. Uprivate Country: USA Street or P.O. Box: One CVS Drive City, Town, or Village: Woonsocket State: RI Country: USA Site Contact Person Street or P.O. Box: One CVS Drive City, Town, or Village: Woonsocket State: RI Country: USA Site Contact Person Title: CVS Corporate Environmental Manager Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Zip Code: 02895 Exat: RI Email: Wendy. Brant@CVSCaremark.com Phone: 401-765-1500 Ext.: Fax: 401-216-0138 A. Name of Site's Legal Owner: Folksan Realty Associates Owner: Type: Verivate Country: USA Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York B. Name of Site's Operator: CVS Albany, L.L.C. Operator Operator Operator Operator Operator: 11/16/1993 Operator: 11/16/1993	2 Site EPA ID						
City, Town, or Village: Sayville Country: USA Zip Code: 11782	3	3. Site Name	Name: CVS Pharmacy #1907				
State: NY	4						
5. Site Land Type 6. NAICS Code(s) for the Site (at least 5-digit codes) 7. Site Mailing Address Street or P.O. Box: One CVS Drive City, Town, or Village: Woonsocket State: RI Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Email: Wendy. Brant@CVSCaremark.com Phone: 401-765-1500 State: RI Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Country: USA Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Country: USA State: NY State: NY Country: USA State: NY State: NY Country: USA State: NY State: NY State: NY State: NY State: NY State: NO State: NY State: NO State:				Country: U	SA		
6. NAICS Code(s) for the Site (at least 5-digit codes) 7. Site Mailing Address 8. Site Contact Person 8. Site Contact Person First Name: Wendy Mi: L Last: Brant Title: CVS Corporate Environmental Manager Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Zip Code: 02895 Email: Wendy. Brant@CVSC aremark.com Phone: 401-765-1500 Ext.: Fax: 401-216-0138 9. Legal Owner and Operator of the Site Owner Type: V Private Country District Federal Tribal Municipal State Other Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Country: USA Zip Code: 02895 Phone: 5167354800 State: NY Country: USA Zip Code: 02695 Phone: 5167354800 State: NY Country: USA Zip Code: 02695 Phone: 5167354800 State: NY Country: USA Zip Code: 10001 Date Became 8/2/1993 Operator Date Became 11/16/1993 Operator: 0001	5	i. Site Land Type				7 7	Пон
(at least 5-digit codes) B. D.	e	. NAICS Code(s)	NAICS Code(s) A. 4 4 6 1 1 0 C.		State	Uther	
Address City, Town, or Village: Woonsocket State: RI Country: USA Site Contact Person First Name: Wendy Title: CVS Corporate Environmental Manager Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Zip Code: 02895 Email: Wendy. Brant@CVSCaremark.com Phone: 401-765-1500 Ext.: Fax: 401-216-0138 A. Name of Site's Legal Owner: Folksan Realty Associates Owner: Owner Type: Private County District Federal Tribal Municipal State Other Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Country: USA Zip Code: 10001 B. Name of Site's Operator: CVS Albany, L.L.C. Date Became Operator:		(at least 5-digit	В		D		
City, Town, or Village: Woonsocket State: RI Country: USA Site Contact Person First Name: Wendy Title: CVS Corporate Environmental Manager Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Zip Code: 02895 Email: Wendy. Brant@CVSCaremark.com Phone: 401-765-1500 Ext.: Fax: 401-216-0138 9. Legal Owner and Operator of the Site A. Name of Site's Legal Owner: Folksan Realty Associates Owner Type: Private County District Federal Tribal Municipal State Other Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Country: USA Zip Code: 02895 Fax: 401-216-0138 Date Became 8/2/1993 Owner: Other Phone: 5167354800 State: NY Country: USA Zip Code: 10001 Date Became 11/16/1993 Operator Operator	7	. Site Mailing	Street or P.O. Box: One CVS Drive		1		
State: RI Site Contact Person First Name: Wendy Title: CVS Corporate Environmental Manager Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Zip Code: 02895 Zip Code: 02895 Zip Code: 02895 Email: Wendy.Brant@CVSCaremark.com Phone: 401-765-1500 Ext.: Fax: 401-216-0138 A. Name of Site's Legal Owner: Folksan Reality Associates Owner Type: Private County District Federal Tribal Municipal State Other Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Country: USA Zip Code: 02895 Email: Wendy.Brant@CVSCaremark.com Phone: 401-765-1500 Ext.: Fax: 401-216-0138 Date Became 8/2/1993 Owner: Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Country: USA Zip Code: 10001 Date Became 11/16/1993 Operator: 0perator: CVS Albany, L.L.C. Operator: 0perator: 11/16/1993		Address	City, Town, or Village: Woonsocket				
8. Site Contact Person First Name: Wendy Title: CVS Corporate Environmental Manager Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Email: Wendy.Brant@CVSCaremark.com Phone: 401-765-1500 Phone: 401-765-1500 A. Name of Site's Legal Owner: Folksan Realty Associates Owner Type: Private Country District Federal Tribal Municipal State Other Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Country: USA State: NO Date Became Other Phone: 5167354800 State: NO Date Became Operator: 1/16/1993 Date Became Operator: 1/16/1993				Country: U	 SA	Zin Code: 02895	
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City, Town or Village: Woonsocket State: RI Country: USA Email: Wendy.Brant@CVSCaremark.com Phone: 401-765-1500 Ext.: A. Name of Site's Legal Owner: Folksan Realty Associates Owner Type: Private County District Federal Tribal Municipal State Other Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Country: USA Zip Code: 02895 Ext.: Fax: 401-216-0138 Date Became 8/2/1993 Owner: Other Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Country: USA Zip Code: 10001 Date Became 11/16/1993 Operator: Operator: 11/16/1993		Person	Title: CVS Corporate Environmental N	COLUMN TOWN			
State: RI Email: Wendy. Brant@CVSCaremark.com Phone: 401-765-1500 Ext.: Fax: 401-216-0138 9. Legal Owner and Operator of the Site Owner Type: Private County District Federal Tribal Municipal State Other Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY B. Name of Site's Operator: CVS Albany, L.L.C. Operator Ocuntry: USA Zip Code: 02895 Fax: 401-216-0138 Date Became Owner: Federal Tribal Municipal State Other Phone: 5167354800 Zip Code: 10001 Date Became Operator: Operator Operator			Street or P.O. Box: One CVS Drive				
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Owner Type: Private County District Federal Tribal Municipal State Other Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Country: USA B. Name of Site's Operator: CVS Albany, L.L.C. Operator Operator	9		A. Name of Site's Legal Owner: Folksan			Date Became 9/2/1002	
Street or P.O. Box: 7 Penn Plaza, Ste 618 City, Town, or Village: New York State: NY Country: USA B. Name of Site's Operator: CVS Albany, L.L.C. Operator Operator			Owner Type: Private County	District	Federal Tribal		
State: NY Country: USA Zip Code: 10001 B. Name of Site's Operator: CVS Albany, L.L.C. Operator Operator				2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Other
State: NY Country: USA Zip Code: 10001 B. Name of Site's Operator: CVS Albany, L.L.C. Operator Operator			City, Town, or Village: New York			Phone: 5167354800	
B. Name of Site's Operator: CVS Albany, L.L.C. Operator Operator Operator			State: NY	Country: US	SA	Zip Code: 10001	
Operator — — — — — — — — — — — — — — — — — — —						Date Became Operator: 11/16/199	93
				District	Federal Tribal		_

504 ID N		[NI] VI	Dila la l				
EPA ID Nun	nber	NY	R 0 0 0 0 5 4	8 4 1	(DMB#: 2050-0024;	Expires <u>12/31/2014</u>
10. Type of Mark "Y	Regula 'es" or	ated Waste "No" for a	Activity (at your site) Il <u>current</u> activities (as of th	e date submitting the	e form); comp	olete any additional	boxes as instructed.
A. Hazardo	ous Wa	ste Activiti	es; Complete all parts 1-10.				
Y N			f Hazardous Waste irk only one of the following	g – a, b, or c.	Y N 🗸	5. Transporter of H If "Yes", mark al	
	a.	LQG:	Generates, in any calendar (2,200 lbs./mo.) or more of h Generates, in any calendar accumulates at any time, mo lbs./mo) of acute hazardous Generates, in any calendar accumulates at any time, mo	nazardous waste; or month, or ore than 1 kg/mo (2.2 waste; or month, or	Y NV	6. Treater, Storer, of Hazardous Wast	or Disposer of Note: A hazardous Note: The properties of the pro
			(220 lbs./mo) of acute hazar material.		Y NZ	activities.	
		SQG:	100 to 1,000 kg/mo (220 – 2 acute hazardous waste.			7. Recycler of Haza	irdous waste
If "Van'			Less than 100 kg/mo (220 lb hazardous waste.		Y NV	If "Yes", mark al a. Small Quant	nd/or Industrial Furnace I that apply. ity On-site Burner
It "Yes	" above	e, indicate	other generator activities in	1 2-4.		Exemption	
YNV	eve	ent and not f	enerator (generate from a sh from on-going processes). If the Comments section.	ort-term or one-time "Yes", provide an	l	b. Smelting, Me Furnace Exe	elting, and Refining mption
Y N	3. Un	ited States	Importer of Hazardous Wa	ste	Y N V	9. Underground Inje	ection Control
Y N	4. Mix	xed Waste	(hazardous and radioactive	e) Generator		-	dous Waste from Off-
B. Universa	al Wast	te Activities	s; Complete all parts 1-2.		C. Used Oi	l Activities; Comple	te all parts 1-4.
YNN	v 1.	Large Qu	antity Handler of Universal	Waste (you	Y N	1. Used Oil Transpo	orter
		accumula regulation	ate 5,000 kg or more) [refer in to determine what is reg	to your State		If "Yes", mark all	that apply.
		types of u	universal waste managed at hat apply.	t your site. If "Yes",	l I	b. Transfer Faci	lity (at your cito)
		mark an t	пат аррту.		L	D. Transler Faci	inty (at your site)
		a. Batterie	es		YNN		sor and/or Re-refiner
		b. Pesticio	des			If "Yes", mark all	that apply.
			y containing equipment		l l	a. Processor	
		d. Lamps			, .	b. Re-refiner	
			specify)	\vdash	Y NE	3. Off-Specification	Used Oil Burner
*			specify) specify)	\vdash			
		g. Outor (YUNV	Used Oil Fuel Ma If "Yes", mark all	
Y N	2.	Destination Note: A h	on Facility for Universal Wa nazardous waste permit may b	ste pe required for this	[o Directs Shipment of Off- Used Oil to Off-

activity.

Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number NYR0000	0 5 4 8 4 1	MB#: 2050-0024; Expires 12/31/2014				
12. Notification of Hazardous Secondary Mate	erial (HSM) Activity					
Y N Are you notifying under 40 CFR 260 secondary material under 40 CFR 2	0.42 that you will begin managing, are manag 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (ing, or will stop managing hazardous 25)?				
If "Yes", you <u>must</u> fill out the Adden Material.	dum to the Site Identification Form: Notificatio	n for Managing Hazardous Secondary				
13. Comments						
The list of waste codes reported is comprehe	nsive and representative of wastes that n	nay be generated at any time from a				
200k+ product inventory. Not all wastes ident	ified will necessarily be generated at eac	h location but the registration is intended				
to cover the potential generation of those wastes.						
This site relocated. Please deactivate the EP	A ID number.					
IA Continue of the state of the						
14. Certification. I certify under penalty of law the accordance with a system designed to assure on my inquiry of the person or persons who me information submitted is, to the best of my known penalties for submitting false information, inclu Hazardous Waste Part A Permit Application, a	anage the system, or those persons directly rewledge and belief, true, accurate, and complete ding the possibility of fines and imprisonment	evaluate the information submitted. Based esponsible for gathering the information, the te. I am aware that there are significant				
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)				
	Charles Savage Agent for CVS Albany, L.L.C.	11/3/2014				
- 0						



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/01/2014

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000054841

INSTALLATION NAME:

CVS PHARMACY #1907

INSTALLATION ADDRESS:

270 MONTAUK HWY SAYVILLE, NY 11782

MAILING ADDRESS:

1 CVS DR WOONSOCKET, RI 02895

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: CVS PHARMACY #1907 or Current Occupant

ATTN: WENDY BRANT

1 CVS DR

WOONSOCKET, RI 02895

ON	/IB# 2050-0024;	Expires 12/31/2014				
FC Th Sta	END DMPLETED DRM TO: e Appropriate ate or Regional fice.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM HOMMENTAL PROTECTION AGENCY, REGION II RCRA SUBTITLE C SITE IDENTIFICATION FORM AND THE PROTECTION AGENCY, REGION II RCRA SUBTITLE C SITE IDENTIFICATION FORM AND THE PROTECTION AGENCY, REGION II RCRA SUBTITLE C SITE IDENTIFICATION FORM AND THE PROTECTION AGENCY, REGION II RCRA SUBTITLE C SITE IDENTIFICATION FORM AND THE PROTECTION AGENCY, REGION II RCRA SUBTITLE C SITE IDENTIFICATION FORM AND THE PROTECTION AGENCY, REGION II RCRA SUBTITLE C SITE IDENTIFICATION FORM AND THE PROTECTION AGENCY, REGION II RCRA SUBTITLE C SITE IDENTIFICATION FORM AND THE PROTECTION AGENCY, REGION II RCRA SUBTITLE C SITE IDENTIFICATION FORM AND THE PROTECTION AGENCY, REGION II RCRA SUBTITLE C SITE IDENTIFICATION FORM AND THE PROTECTION AGENCY, REGION II RCRA SUBTITLE C SITE IDENTIFICATION FORM AND THE PROTECTION AGENCY AGEN				
1.	Reason for Submittal	Reason for Submittal:	BRANCH			
•	MARK ALL BOX(ES) THAT APPLY	 □ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) □ To provide a Subsequent Notification (to update site identification information for this location) □ As a component of a First RCRA Hazardous Waste Part A Permit Application □ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) □ As a component of the Hazardous Waste Report (If marked, see sub-bullet below) □ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or 				
		>100 kg of acute hazardous waste spill cleanup <u>in one or more mont</u> LQG regulations)	hs of the report year (or State equivalent			
2.	Site EPA ID Number	EPA ID Number N Y R 0 0 0 0 5 4 8 4 1				
3.	Site Name	Name: CVS Pharmacy #1907				
4.	Site Location	Street Address: 270 Montauk Highway				
Information		City, Town, or Village: Sayville	County: Suffolk			
		State: NY Country: USA	Zip Code: 11782			
5.	Site Land Type		Municipal State Other			
6.	NAICS Code(s) for the Site	A. 4 4 6 1 1 0 c.				
	(at least 5-digit codes)	B D				
7.	Site Mailing	Street or P.O. Box: One CVS Drive				
	Address	City, Town, or Village: Woonsocket				
		State: RI Country: USA	Zip Code: 02895			
8.	Site Contact	First Name: Wendy MI: Last: Brant				
	Person	Title: CVS Corporate Environmental Manager				
		Street or P.O. Box: One CVS Drive				
		City, Town or Village: Woonsocket				
		State: RI Country: USA	Zip Code: 02895			
		Email: Wendy.Brant@CVSCaremark.com				
		Phone: 401-765-1500 Ext.:	Fax: 401-216-0138			
9.	Legal Owner and Operator	A. Name of Site's Legal Owner: Folksan Realty Associates	Date Became 8/2/1993 Owner:			
		Owner Type: Private County District Federal Tribal	Municipal State Other			
		Street or P.O. Box: 7 Penn Plaza, Ste 618				
		City, Town, or Village: New York	Phone: 5167354800			
		State: NY Country: USA	Zip Code: 10001			
		B. Name of Site's Operator: CVS Albany, L.L.C.	Date Became 11/16/1993 Operator:			
		Operator Type: Private County District Federal Tribal	Municipal State Other			

EPA ID Number N 1	$R_{1}[0]0]0[0]5[4][8]4[1]$	OMB#: 2050-0024; Expires 12/31/2014
10. Type of Regulated Waste Mark "Yes" or "No" for a		e form); complete any additional boxes as instructed.
A. Hazardous Waste Activit	ies; Complete all parts 1-10.	
Y ✓ N 1. Generator o	of Hazardous Waste ark only one of the following – a, b, or c. Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo	Y N 5. Transporter of Hazardous Waste If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) Y N ✓ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these
□b. SQG: c. CESQG:	(220 lbs./mo) of acute hazardous spill cleanup material. 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste. Less than 100 kg/mo (220 lbs./mo) of non-acute	activities. Y N ✓ 7. Recycler of Hazardous Waste Y N ✓ 8. Exempt Boiler and/or Industrial Furnace
<u></u>	hazardous waste. other generator activities in 2-4.	If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption
event and not	enerator (generate from a short-term or one-time from on-going processes). If "Yes", provide an the Comments section.	b. Smelting, Melting, and Refining Furnace Exemption
	s Importer of Hazardous Waste (hazardous and radioactive) Generator	Y N ✓ 9. Underground Injection Control Y N ✓ 10. Receives Hazardous Waste from Offsite
accumul regulation types of mark all a. Batteria b. Pestica c. Mercula d. Lamps e. Other f. Other g. Other	uantity Handler of Universal Waste (you ate 5,000 kg or more) [refer to your State ons to determine what is regulated]. Indicate universal waste managed at your site. If "Yes", that apply. es	C. Used Oil Activities; Complete all parts 1-4. Y N 1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site) Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply. a. Processor b. Re-refiner Y N 3. Off-Specification Used Oil Burner Y N 3. Off-Specification Used Oil Burner A. Used Oil Fuel Marketer If "Yes", mark all that apply. a. Marketer Who Directs Shipment of Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number		0 0 0 0 5 4	8 4 1	OMB#	#: 2050-0024; Exp	ires 12/31/2014
D. Eligible Acad wastes pursu	. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K					
 You car 	n ONLY Opt into Sub	part K if:				
agre	 you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND 					
• you	have checked with yo	our State to determine	e if 40 CFR Part 262	Subpart K is effective	e in your state	
Y N 1. 0	pting into or currently	operating under 40	CFR Part 262 Subpa	rt K for the managem	ent of hazardous wa	stes in laboratories
	. College or Univers		and the second s			
		that is owned by or h	as a formal written at	ffiliation agreement w	ith a college or unive	ersity
		that is owned by or h				
Y N 2. W	/ithdrawing from 40 (CFR Part 262 Subpar	t K for the manageme	ent of hazardous was	tes in laboratories	
1. Description of	of Hazardous Waste					
your site. List spaces are ne	t them in the order th	llated Hazardous Wa ey are presented in th	astes. Please list the he regulations (e.g., I	waste codes of the l D001, D003, F007, U	Federal hazardous w 112). Use an additio	rastes handled at onal page if more
D001	D002	D004	D005	D006	D007	D008
D009	D010	D011	D016	D018	D024	D027
D035	D035	D039	P001	P012	P075	P188
U002	U010	U031	U034	U035	U044	U058
U059	U070	U072	U089	U122	U129	U132
U150	U151	U154	U165	U188	U200	U201
U204	U205	U206	U210	U279	U411	
Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.						

EPA ID Number		B#: 2050-0024; Expires 12/31/2014				
12. Notification of Hazardous Secondary Mater	rial (HSM) Activity					
secondary material under 40 CFR 2	.42 that you will begin managing, are managin 61.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (24)	5)?				
Material.	lum to the Site Identification Form: Notification	for Managing Hazardous Secondary				
13. Comments						
The list of waste codes reported is comprehen	nsive and representative of wastes that ma	ay be generated at any time from a				
200k+ product inventory. Not all wastes identi	fied will necessarily be generated at each	location but the registration is intended				
to cover the potential generation of those was	stes.					
This site is now a CESQG.						
14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).						
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)				
	Charles Savage Agent for CVS Albany, L.L.C.	5/06/2014				

Charles Savage

Dear EPA Region 2,

Here are generator status conversions for CVS stores going to either CESQG or SQG. Please contact me it you have any questions.

Thank you, Charles Savage Hazardous Waste & Regulatory Specialist 760-602-8736

2014 HAY 12 A II: Ob



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/07/2011

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000054841

INSTALLATION NAME:

CVS PHARMACY #1907

INSTALLATION ADDRESS:

270 MONTAUK HWY SAYVILLE, NY 11782

MAILING ADDRESS:

1905 ASTON AVE CARLSBAD, CA 92008

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: CVS PHARMACY #1907

or Current Occupant

ATTN: CHARLES SAVAGE

1905 ASTON AVE CARLSBAD, CA, 92008



OMB# 2050-0024; Expires 11/30/2011

201	SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM				
	1. Reason for Submittal	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)				
	MARK ALL BOX(ES) THAT APPLY	☐ To provide a Subsequent Notification (to update site identification information for this location) ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)				
		☐Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)				
2	. Site EPA ID Number	EPA ID Number M Y R 0 0 0 0 0 5 4 8 4 1				
3	. Site Name	Name: CVS PHARMACY # 1907				
4	. Site Location	Street Address: 270 MONTAUK HIGHWAY				
	Information	City, Town, or Village: SayVILE County: SUFFOLK				
L		State: NY Country: USA Zip Code: 11782				
5	. Site Land Type	Private County District Defected Tribal Defected State Other				
6	. NAICS Code(s) for the Site	A. [4]4]0 1 1 C. []]				
	(at least 5-digit codes)	B. [8][12]9 [2] D. []]				
7.	Committee of the commit	Street or P.O. Box: 1905 ASTON AVE				
	Address	City, Town, or Village: CAPUSPAD				
L		State: CA Country: USA Zip Code: 92668				
8.		First Name: CHAPLES MI: A Last: SAVAGE				
	Person	TITLE: HAZARDOUS WASTE SPECIALIST				
		Street or P.O. Box: 1905 A STON AVE				
		City, Town or Village: CAP-USPAD				
		State: CA Country: USA Zip Code: 92608				
		Email: Csavage@ zecompany.com				
		Phone: 760 602 8736 Ext.: Fax: 760 918 4068				
9.	Legal Owner and Operator	A. Name of Site's Legal Owner: CV5 PHARMACY 9 INC Date Became 12/30/2006				
	of the Site	Owner Type: Private County District Federal Tribal Municipal State Other				
		Street or P.O. Box: ONE CUS DRIVE				
		City, Town, or Village: WOON SOCKET Phone: 401 765 1500				
		State: PHODE ISLAND Country: USA Zip Code: 02895				
		B. Name of Site's Operator: CV5 PHARMACY INC Date Became 12/30/2006				
		Operator Type: Private County District Federal Tribal Municipal State Other				

EPA ID Nui	mber				. OMB#: 2050-0024;~	Expires 11/30/201
	10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed.					
A. Hazardo	ous W	aste Activiti	es; Complete all parts 1-	7.		
YND			of Hazardous Waste ark only one of the follow	ing – a, b, or c.	Y N X 2. Transporter of Hazard If "Yes", mark all that	lous Waste apply.
	Па	. LQG:	Generates, in any calenda (2,200 lbs./mo.) or more of Generates, in any calenda accumulates at any time, lbs./mo) of acute hazardo Generates, in any calenda accumulates at any time, (220 lbs./mo) of acute haz material.	of hazardous waste; or ar month, or more than 1 kg/mo (2.2 us waste; or ar month, or more than 100 kg/mo	a. Transporter b. Transfer Facility (Y N X 3. Treater, Storer, or Dis Hazardous Waste Note waste permit is required Y N X 4. Recycler of Hazardous	poser of e: A hazardous d for these activities.
	A P	SQG:	100 to 1,000 kg/mo (220 - acute hazardous waste.	- 2,200 lbs./mo) of non-	•	
			Less than 100 kg/mo (220 hazardous waste.	,	Y N 5. Exempt Boiler and/or I If "Yes", mark all that a a. Small Quantity Or	ndustrial Furnace apply. -site Burner
		"Yes" abov	e, indicate other generate	or activities.	Exemption	
YDNX	d.	time event	n Generator (generate from and not from on-going pro explanation in the Comme	cesses). If "Yes",	b. Smelting, Melting, Furnace Exemption	
YDNX	e.		tes Importer of Hazardous		Y D N 6. Underground Injection	Control
YDNX	f.	Mixed Was	ste (hazardous and radioac	tive) Generator	Y N 7. Receives Hazardous W	
B. Universa	l Wast	e Activities;	; Complete all parts 1-2.		C. Used Oil Activities; Complete all p	arts 1-4.
YDN	1.	regulation	entity Handler of Universa te 5,000kg or more) [refe s to determine what is re niversal waste managed a at apply.	r to your State gulated]. Indicate	Y N N 1. Used Oil Transporter If "Yes", mark all that a a. Transporter b. Transfer Facility (at	
	•	a. Batteries b. Pesticide	es		Y N 2. Used Oil Processor and If "Yes", mark all that a	/or Re-refiner pply.
		d. Lamps	containing equipment			
		e. Other (sp	necify)		b. Re-refiner	
			pecify)		Y 🔲 N 💢 3. Off-Specification Used 0	Oil Burner
			pecify)		Y N A. Used Oil Fuel Marketer If "Yes", mark all that ap	pply.
Y □ N 🗖		Destination Note: A haz activity.	Facility for Universal Wa zardous waste permit may l	iste	 a. Marketer Who Direct Off-Specification Us Specification Used 0 b. Marketer Who First Oil Meets the Specification Used 0 	ts Shipment of ed Oil to Off- Oil Burner Claims the Used

EPA ID Numbe	er			O	MB#: 2050-0024;	Expires 11/30/201
D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K						
	<u>nust</u> check with your Subpart K	State to determine if	you are eligible to m	anage laboratory ha	zardous wastes purși	uant to 40 CFR Part
See the	item-by-item instru llege or University	ctions for definition	s of types of eligible	le academic entities	hazardous wastes in Mark all that apply college or university	y:
				tion agreement with a nazardous wastes in l	a college or university aboratories	,
11. Description	of Hazardous Wast	te		÷		
A. Waste Code your site. Lis spaces are r	st them in the order t	ulated Hazardous V hey are presented in	Vastes. Please list to the regulations (e.g.	he waste codes of the , D001, D003, F007,	e Federal hazardous U112). Use an addit	wastes handled at iional page if more
1000	D011	D002	P101	P642	12075	1208
			-			
	,					
	,					
3. Waste Codes hazardous wa spaces are ne	astes handled at you	d (i.e., non-Federal) r site. List them in th	Hazardous Wastes e order they are pres	. Please list the was ented in the regulation	te codes of the State	-Regulated al page if more
*						
		,				
	,					

EPA ID Number		OMB#: 2050-0024; Expires 11/30/201			
12. Notification of Hazardous Secondary Material (HSM) Activity					
If "Yes", you must fill out the Adde	60.42 that you will begin managing, are manag 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (ndum to the Site Identification Form: Notification	25)?			
Material. 13. Comments					
,		7			
'	* *	1			
	ı				
	<u> </u>				
on my inquiry of the person or persons who me information submitted is, to the best of my kno	that qualified personnel properly gather and evanage the system, or those persons directly revoledge and belief, true, accurate, and complet using the possibility of fines and imprisonment to	valuate the information submitted. Based sponsible for gathering the information, the e. I am aware that there are significant for knowing violations. For the RCRA			
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)			
Co	CHARLES SAVAGE HAZARDOUS WASTE SPECIALIST	11/2/2010			
,					
×					

Report run on:

November 10, 2010 - 12:21 PM

CVS NYR000054841 EPA Region:02 County: SUFFOLK Extract: Y State District: NYSDEC R1 SQG Universes Federal Generator: N Operating TSDF:----Transporter: Active: State Generator: X Importer: N Commercial: N El Indicator (HE / GW): N / N N Mixed Waste Generator: N HSM: Short Term Generator: N IC In Place: N Latitude/Longitude Measure - Owner: 02 Seq #: 1 Geometric Type Code: 001 Horizontal Collection Method: 001 Reference Point Code: Horizontal Accuracy Measure: 10 Horizontal Reference Datum: 002 Source Map Scale Numbers: Coordinates: 40.741242, -73.078246 Receive Date: 01/01/2007 Source Type: Implementer Seq. Number: 3 Location 270 MONTAUK HWY Mailing 270 MONTAUK HWY Address: SAYVILLE, NY 11782 Address: SAYVILLE, NY 11782 **UNITED STATES Contact Person** 270 MONTAUK HWY For Source Fax: SAYVILLE, NY 11782 Information **UNITED STATES** Owner (current) 4020 STIRRUP CREEK DR Type: Private QUALEX INC DURHAM, NC 27703 Phone: (212) 555-1212 From: DURHAM Notes: This record created to coincide with EPA Mass Update for 01/01/2007 on Rundate: 06/11/2008 Operator (current) 4020 STIRRUP CREEK DR Private Type: QUALEX INC DURHAM, NC 27703 Phone: (212) 555-1212 From: To: **DURHAM** Notes: This CP Indicator record created to coincide with EPA Mass Update for 01/01/2007 on Rundate: 06/11/2008...and HQ Criteria forcing at least one Current Operator to exist None existed to this update Land Type: Bad code -Non Notifier: No TSD Date: Accessibility: Notes: 22-APR-10 Verified Nulling of "Transferred to CERCLA Status": EPA Universe Clean-Up for 01/01/2006, (Rundate: 05/08/2007), as per 2003/2004/2005 Acute/NonAcute Manifest data. Old Univ= SQG New Univ= N Update 10/03 to ensure Leg_Dist is associated with correct Counties Regulated Waste Activities Hazardous Waste Generator Status - Federal: Small Quantity Generator; State: NY-X Replaces a Null value not allowed to reload via CDX. Other Hazardous Waste Generator Activities **Used Oil Activities** Short Term Generator: No **Used Oil Transporter Activity** Off-Specification Used Oil Burner: No Importer Activity: No Mixed Waste Generator: No Transporter: No Used Oil Fuel Marketer Activity Transfer Facility: Transporter Activity: No No Marketer who directs shipment Transfer Facility: No Used Oil Processor and/or TSD Activity: off-specification used oil to No Re-refiner Activity off-specification used oil burner: Recycler Activity: No No Processor: Exempt Boiler and/or Industrial Furnace No Marketer who first claims the used Refiner: Small Quantity Onsite Burner Exemption: No oil meets the specifications: No No Smelting, Melting, Refining Furnace Exemption: No Subpart K Underground Injection Control: College/University: No No Non-profit Research Institute: No Teaching Hospital: No Withdrawal: Destination Facility for Universal Waste: No No

Page 3

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Page 4

Receive Date: 01/01/2006 Source Type	: Implemente	er Seq. Number	: 2
Location 270 MONTAUK HWY Address: SAYVILLE, NY 11782		Address: SAY	MONTAUK HWY /VILLE, NY 11782 TED STATES
Contact Person For Source Fax: Information		270 MONTAUK HV SAYVILLE, NY 111 UNITED STATES	
Land Type: Bad code - Non Notifi	er: No	TSD Date:	Accessibility:
Hazardous Waste Generator Status - Federal: St	mall Quantity G	Generator; State: NY-X Replaces a	Null value not allowed to reload via CDX.
		Used Oil Activities	
Other Hazardous Waste Generator Activities Short Term Generator: Importer Activity: Mixed Waste Generator:	No No No	Used Oil Transporter Activity	Off-Specification Used Oil Burner: N
Short Term Generator: Importer Activity: Mixed Waste Generator: Transporter Activity: Transfer Facility: TSD Activity:	No	Used Oil Transporter Activity Transporter:	No No Used Oil Fuel Marketer Activity Marketer who directs shipment off-specification used oil to
Short Term Generator: Importer Activity: Mixed Waste Generator: Transporter Activity: Transfer Facility: TSD Activity: Recycler Activity: Exempt Boiler and/or Industrial Furnace Small Quantity Onsite Burner Exemption:	No No No No	Used Oil Transporter Activity Transporter: Transfer Facility: Used Oil Processor and/or Re-refiner Activity Processor:	No No Used Oil Fuel Marketer Activity Marketer who directs shipment off-specification used oil to off-specification used oil burner: No Marketer who first claims the used
Short Term Generator: Importer Activity: Mixed Waste Generator: Transporter Activity: Transfer Facility: TSD Activity: Recycler Activity: Exempt Boiler and/or Industrial Furnace	No No No No No	Used Oil Transporter Activity Transporter: Transfer Facility: Used Oil Processor and/or Re-refiner Activity Processor:	No No Used Oil Fuel Marketer Activity Marketer who directs shipment off-specification used oil to off-specification used oil burner: No Marketer who first claims the used
Importer Activity: Mixed Waste Generator: Transporter Activity: Transfer Facility: TSD Activity: Recycler Activity: Exempt Boiler and/or Industrial Furnace Small Quantity Onsite Burner Exemption: Smelting, Melting, Refining Furnace	No No No No No	Used Oil Transporter Activity Transporter: Transfer Facility: Used Oil Processor and/or Re-refiner Activity Processor: Refiner:	No No Used Oil Fuel Marketer Activity Marketer who directs shipment off-specification used oil to off-specification used oil burner: No Marketer who first claims the used

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Receive Date: 07/14/1999 Source Type	: Impleme	nter Seq. Num	ber: 1			
Location 270 MONTAUK HWY Address: SAYVILLË, NY 11782				NTAUK HWY .E, NY 11782		
Land Type: Bad code - Non Notifi	er: No	TSD Date:	***************************************	Accessibility:		
Notes: Update 10/03 to ensure Leg_Dist is associ Regulated Waste Activities Hazardous Waste Generator Status - Federal: S						
Other Hazardous Waste Generator Activities		Used Oil Activities				
Short Term Generator: Importer Activity: Mixed Waste Generator:	No No No	Used Oil Transporter Activity Transporter:	No	Off-Specification Used Oil Burner:	No	
Transporter Activity: Transfer Facility: TSD Activity: Recycler Activity:	No No No No	Transfer Facility: Used Oil Processor and/or Re-refiner Activity	No	Used Oil Fuel Marketer Activity Marketer who directs shipment off-specification used oil to off-specification used oil burner:	No	
Exempt Boiler and/or Industrial Furnace Small Quantity Onsite Burner Exemption: Smelting, Melting, Refining Furnace	No	Processor: Refiner:	No No	Marketer who first claims the used oil meets the specifications:	No	
Exemption:	No	Subpart K		*		
Underground Injection Control: Destination Facility for Universal Waste:	No No	College/University: Teaching Hospital:	No No	Non-profit Research Institute: Withdrawal:	No No	

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Receive Date: 05/13/1998 Source Typ	e: Notificati	ion Seq. Numb	er: 1		
Location 270 MONTAUK HWY Address: SAYVILLE, NY 11782		1 1	Commence of the commence of	NTAUK HWY LE, NY 11782	***************************************
Contact Person FRANK FAZIO For Source (516) 586-0333 Information Fax:		270 MONTAUK SAYVILLE, NY UNITED STATE	11782		
Owner (current) QUALEX INC from: To:		20 STIRRUP CREEK DR IRHAM, NC 27703		Type: Private Phone: (212) 555-1212	
Land Type: Bad code - Non Noti	fier: No	TSD Date:	***************************************	Accessibility:	***************************************
Hazardous Waste Generator Status - Federal: L	arge Quantity	y Generator; State:			
Regulated Waste Activities					
Hazardous Waste Generator Status - Federal: L Other Hazardous Waste Generator Activities	-	y Generator; State: Used Oil Activities			
Hazardous Waste Generator Status - Federal: L Other Hazardous Waste Generator Activities Short Term Generator: Importer Activity:	No No	Used Oil Activities Used Oil Transporter Activity		Off-Specification Used Oil Burner:	N
Hazardous Waste Generator Status - Federal: L Other Hazardous Waste Generator Activities Short Term Generator: Importer Activity: Mixed Waste Generator:	No	Used Oil Activities Used Oil Transporter Activity Transporter:	No No	Off-Specification Used Oil Burner: Used Oil Fuel Marketer Activity	N
Hazardous Waste Generator Status - Federal: L Other Hazardous Waste Generator Activities Short Term Generator: Importer Activity: Mixed Waste Generator: Transporter Activity: Transfer Facility: TSD Activity:	No No No	Used Oil Activities Used Oil Transporter Activity			
Hazardous Waste Generator Status - Federal: L Other Hazardous Waste Generator Activities Short Term Generator: Importer Activity: Mixed Waste Generator: Transporter Activity: Transfer Facility: TSD Activity: Recycler Activity:	No No No No No	Used Oil Activities Used Oil Transporter Activity Transporter: Transfer Facility: Used Oil Processor and/or Re-refiner Activity Processor:		Used Oil Fuel Marketer Activity Marketer who directs shipment off-specification used oil to	
Hazardous Waste Generator Status - Federal: L Other Hazardous Waste Generator Activities Short Term Generator: Importer Activity: Mixed Waste Generator: Transporter Activity: Transfer Facility: TSD Activity: Recycler Activity: Exempt Boiler and/or Industrial Furnace Small Quantity Onsite Burner Exemption:	No No No No No	Used Oil Activities Used Oil Transporter Activity Transporter: Transfer Facility: Used Oil Processor and/or Re-refiner Activity	No	Used Oil Fuel Marketer Activity Marketer who directs shipment off-specification used oil to off-specification used oil burner:	, N
Hazardous Waste Generator Status - Federal: L Other Hazardous Waste Generator Activities Short Term Generator: Importer Activity: Mixed Waste Generator: Transporter Activity: Transfer Facility: TSD Activity: Recycler Activity: Exempt Boiler and/or Industrial Furnace	No No No No No No	Used Oil Activities Used Oil Transporter Activity Transporter: Transfer Facility: Used Oil Processor and/or Re-refiner Activity Processor:	No No	Used Oil Fuel Marketer Activity Marketer who directs shipment off-specification used oil to off-specification used oil burner: Marketer who first claims the used	N
Hazardous Waste Generator Status - Federal: L Other Hazardous Waste Generator Activities Short Term Generator: Importer Activity: Mixed Waste Generator: Transporter Activity: Transfer Facility: TSD Activity: Recycler Activity: Exempt Boiler and/or Industrial Furnace Small Quantity Onsite Burner Exemption: Smelting, Melting, Refining Furnace	No No No No No No No	Used Oil Activities Used Oil Transporter Activity Transporter: Transfer Facility: Used Oil Processor and/or Re-refiner Activity Processor: Refiner:	No No	Used Oil Fuel Marketer Activity Marketer who directs shipment off-specification used oil to off-specification used oil burner: Marketer who first claims the used	, N

EPA Waste Codes: D000 D011

^{*} End of Report *



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/18/98

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYR000054841

FACILITY NAME -> C V S

MAILING ADDRESS -> 270 MONTAUK HWY SAYVILLE, NY 11782

INSTALLATION ADDRESS -> 270 MONTAUK HWY

SAYVILLE, NY 11782

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II** 290 BROADWAY NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL. HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

TO: FAZIO, FRANK CVS 270 MONTAUK HWY SAYVILLE, NY 11782

To avoid delays in processing, please complete all sections. Please print or type with ELITE Only original signature of the Generator is acceptable. Please refer to the Instructions for Filing Notification before completing this form. The Information requested here is required by law (Section 3010 of the Resource Conservation and Personal Property Act Notification of Regulated 1 Date Received (For Official Use Only) Waste Activity and Recovery Act. PROGRAMO United States Environmental Protection Agency L Installation's EPA ID Number (Mark X' in the appropriate box) A. First Notification Subsequent Notification C. Installation's EPA ID Number X. (Complete item C) IL Name of Installation (Include company and specific site name) V S III. Location of Installation Requires Building Number or Latitude and Longitude for processing. 0 N U K H W Street (Continued) City of Town State Zip Code ·Y N Y 1 2 County Name 2 U F F IV. Installation Mailing Address M M Street or P.O. Box ò A M City or Town State Zip Code V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last) rFirst) 0 Job Title Phone Number (Area Code and Number) 8-6 3 VI. Installation Contact Address 0 3 3 A. Contract Address Location Mailing Other B. Street or P.O. Box City or Town State Zip Code VII. Ownership A. Name of Installation's Legal Owner -N Street, P.O. Box, of Route Number Ö 2 R R U P R E K D City or Town State Zip Code M N C 2 Phone Number (Area Code and Number) B. Land Type (Uate Changed) Year C. Owner Type D. Change of Owne Indicator Month Yes No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark X' in the appropriate box	es; Refer to instruc	ctions)	100 TO 10	
A. Hazardous Waste Activity	*	B. Used Oil Recycling Activities		
1. Generator (See instructions) X a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify IX. Description of Hazardous Wastes (Use additional sheets if necessal instructions) 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify 5. Underground injective in the second instructions 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify 5. Underground injective in the second instructions 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify 5. Underground injective in the second instructions 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify 5. Underground injective in the second instructions 6. Hazardous Wastes 1. Smelter De 2. Small Qual 1. Utility Boile 2. Industrial F 3. Industrial F 5. Underground injective in the second instructions 5. Underground injective in the second instructions 6. Hazardous Wastes 7. Air 8. Air 9. Air 9. Air 1. Air 1. Smelter 1. Smelter 2. Small 3. Industrial F 4. Hazardous Wastes 5. Underground injective in the second instructions 6. Hazardous Wastes 7. Air 9. Air 1. Air 1. Air 1. Air 2. Air 2. Air 3. Industrial F 4. Hazardous Wastes 6. Air 1. Air 1. Air 2. Air 3. Industrial F 4. Hazardous Wastes 6. Air 7. Air 9. Air 9. Air 1. Air 1. Air 1. Air 1. Air 2. Air 3. Air 4. Air 5. Air 6. Air 7. Air 9. Air 9	A permit is activity; see Fuel Setting to Burner is adustrial Furnace offeral intity Exemption Combustion er coiler urnace ction Control	Dil to Off-Spec b. Marketer Who Oil Meets the 2. Used Oil Bumer Combustion Devi a. Utility Boiler b. Industrial Boiler c. Industrial Fuma 3. Used Oil Transporter a. Transporter b. Transfer Facil	ts Shipment of Used cification Burner First Claims the Used Specifications - Indicate Type(s) of ice(s) ace orter - Indicate Type(s) lity sor/Re-refiner - Indicate	
A. Characteristics of Nonlisted Hazardous Wastes. (Mark X' in the boxe hazardous wastes your installation handles; See 40 CFR Parts 261.2 1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity (D001) (D002) (D003) Characteristic (List specific EP.	0 - 261.24) A hazardous waste num	nber(s) for the Toxicity ch	aracteristic contaminant(s))	
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions	if you need to list n	nore than 12 waste c	odes.)	
1 2 3 1 1 1 7 8 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	5 ·	6 12	
C. Other Wastes. (State or other wastes requiring a handler to have an I.	.D. number, See ins	structions.)		
1 2 3	4	5	6	
X. Certification	Tervise in Cen	2000年前世紀2000年2000年2000年2000年2000年2000年200日	Market Market Comment	
I certify under penalty of law that this document and all attachments were prepared assure that qualified personnel properly gather and evaluate the information submitted those persons directly responsible for gathering the information, the information submit am aware that there are significant penalties for submitting false information, include	. based on my inquiry o	or the person or persons i	who manage the system, or	
Signature ORIGINAL Name and Official Title			ate Signed 5 - 6 - 98	
XL Comments				
	\			
			for the second s	
Note: Mail completed form to the appropriate EPA Regional or State Office	ce. (See Section III	of the booklet for ad	ddresses.)	